Meeting / Event Checklist

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Participant Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Meeting Room Requirements** |
| Conference Room(s) Reserved | Room(s) # |
| [ ]  Yes [ ]  No |  |
| Room Layout:  | [ ]  U-Shaped [ ]  Auditorium Style [ ]  Classroom [ ]  Hollow Square  |
| Podium Needed: | [ ]  Yes [ ]  No |
| **A/V Required** [ ]  Yes [ ]  No  |
| Video Conference: | [ ]  Yes [ ]  No  |
| A/V Cart Reserved: | [ ]  Yes [ ]  No [ ]  N/A |
| Teleconference: | [ ]  Yes [ ]  No  |
| Dial-In Information: | [ ]  Yes [ ]  No [ ]  N/A |
| **Presentation Requirements** |  |
| Agenda Finalized | [ ]  Yes [ ]  No |
| Presentation Folders Required: | [ ]  Yes [ ]  No # of folders needed: |
| Presentation Folders Ordered: | [ ]  Yes [ ]  No Date Ordered:  |
| Electronic copies of presentation documents received & copied: | [ ]  Yes [ ]  No |
| Notepads / Pens Ordered: | [ ]  Yes [ ]  No Date Ordered: |
| Presentation saved to USB: | [ ]  Yes [ ]  No |
| **Catering** |
| **Breakfast required:** | [ ]  Yes [ ]  No |
| Will food need to be picked up: | [ ]  Yes [ ]  No |
| Vendor name: |  |
| Vendor phone number: |  |
| Requested delivery time: |  |
| Food set-up: | [ ]  Inside meeting room [ ]  Café  |
| Breakfast meal will be cleared by (time): |  |
| **Lunch required:** | [ ]  Yes [ ]  No |
| Will food need to be picked up: | [ ]  Yes [ ]  No |
| Vendor name: |  |
| Vendor phone #: |  |
| Requested delivery time: |  |
| Food set-up: | [ ]  Inside meeting room [ ]  Café  |
| Lunch meal will be cleared by (time): |  |
| **Dinner required:** | [ ]  Yes [ ]  No |
| Will dinner be on-site or off-site: | [ ]  On-site [ ]  Off-site |
| If on-site, vendor name: |  |
| If on-site, vendor phone #: |  |
| Requested delivery time: |  |
| Food set-up: | [ ]  Inside meeting room [ ]  Café  |
| Dinner meal will be cleared by (time): |  |
| If off-site, restaurant name: |  |
| Reservation confirmed: | [ ]  Yes [ ]  No  |
| Date / Time: |  Party Size:  |
| Transportation confirmed: | [ ]  Yes [ ]  No Vendor:  |
| Direct Bill: | [ ]  Yes [ ]  No |

|  |
| --- |
| **Breakouts (optional)** |
| Will there be session breakouts? | [ ]  Yes [ ]  No |
| Please list breakout times: |  |
| How long is each breakout? |  |
| Breakout food required: |  |
| Will food for breakout be delivered or will it be purchased in advance? |  |
| If food will be delivered please list vendor name & phone #: |  |
| If food will be delivered, please list delivery time(s): |  |

|  |
| --- |
| **Security** |
| Participant List forward to security email? | [ ]  Yes [ ]  No |
| Vendor information sent to security email? | [ ]  Yes [ ]  No |
| Participant list forward to receptionist? | [ ]  Yes [ ]  No |
| Vendor Information sent to receptionist? | [ ]  Yes [ ]  No  |
| Who should receptionist page once food arrives? |  |

|  |
| --- |
| Notes / Reminders: |